

FEC  
FORM 3REPORT OF RECEIPTS  
AND DISBURSEMENTS  
For An Authorized CommitteeREC'D  
SECRETARY OF THE SENATE  
PUBLIC RECORDS

14 APR 15 PM 3:28

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Collins For Senator

ADDRESS (number and street) ▼

PO BOX 1096

Check if different  
than previously  
reported. (ACC)

Bangor

ME

04402

2. FEC IDENTIFICATION NUMBER ▼

C

C00314575

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

ME

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

in the  
State of

M M / D D / Y Y Y Y

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

in the  
State of

M M / D D / Y Y Y Y

5. Covering Period

M M / D D / Y Y Y Y  
01 / 01 / 2014M M / D D / Y Y Y Y  
01 / 01 / 2014M M / D D / Y Y Y Y  
01 / 01 / 2014

through

M M / D D / Y Y Y Y  
03 / 31 / 2014M M / D D / Y Y Y Y  
03 / 31 / 2014M M / D D / Y Y Y Y  
03 / 31 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Leo Loisel

Amy A. Abbott, Deputy Treasurer

Signature of Treasurer

Leo Loisel

Amy A. Abbott

Date

M M / D D / Y Y Y Y  
04 / 14 / 2014M M / D D / Y Y Y Y  
04 / 14 / 2014M M / D D / Y Y Y Y  
04 / 14 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
OnlyFEC FORM 3  
(Revised 02/2003)